

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						09 547231				
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4							54			
5							55			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	4		
TOTAL DEP.							TOTAL DEP.	47		
TOTAL CLAIMS							TOTAL CLAIMS	51		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS